

FORM PTO-1449 (modified) To: U.S. Department of Commerce (PW FORM PAT-1449) Patent and Trademark Office					Attorney Docket No.: 2577-0393				
Information Disclosure Statement by Applicant					Client Reference No.: Multi-Compartment Case				
					Applicant: HALLBERG, Dale R.				
					Appln. No.: New Application 10/695,355				
					Filing Date: October 29, 2003				
Date: October 29, 2003			Page 1 of 1		Examiner: N/A		Group Art Unit: N/A		
U.S. PATENT DOCUMENTS									
Examiner's Initials	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)			
TU	AR	3,811,562	05/1974	Smith					
	BR	4,475,247	10/1984	Lee					
	CR	4,702,029	10/1987	DeVaul et al.					
	DR	5,297,707	03/1994	Weber					
	ER	5,799,329	09/1998	Hauschild					
	FR	5,881,874	03/1999	McKinney					
	GR	6,119,907	09/2000	Benjamin					
TU	HR	6,206,261	03/2001	McCrary					
	IR								
	JR								
	KR								
	LR								
	MR								
	NR								
FOREIGN PATENT DOCUMENTS						English Abstract		Translation Readily Available	
	Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed	No	Enclosed	No	
	OR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	QR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	RR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	UR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	VR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	WR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	XR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)									
	YR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ZR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	AAR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	BBR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CCR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examiner: T.M.				Date Considered: 03/04/06					
*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.									